

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		11-24-51
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	mm	572	11-27-51
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	11/1/52
2	10/24/52
3	10/24/52
4	10/24/52
5	10/24/52
6	10/24/52
7	10/24/52
8	10/24/52
9	10/24/52
10	10/24/52
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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